

13th International Meshing Roundtable – September 19-22, 2004 – Williamsburg, VA, USA

DEADLINE: August 13, 2004. After this date registration fee is \$445. Return this form with payment to the address provided.

Contact Information

Name: _____ Title: _____
Company Name: _____
Mailing Address: _____ Mail Stop: _____
City: _____ State: _____ Zip: _____
Country: _____
E-Mail Address: _____
Telephone: _____ Fax: _____

Participation (Please check one answer to each of the questions below.) Poster Session & Banquet guests 12 & under ½ price, toddlers & infants free.

Short Course, Sunday September 19th @ \$125 per person (lunch included)

I will attend: Yes ☐ No ☐

Poster Session, Monday, Noon, September 20th, Williamsburg Woodlands Hotel

I will attend: Yes ☐ No ☐

I will have an entry(s) for the Poster Session: Yes ☐ No ☐

If yes, how many entries? _____

Guest(s) will attend Poster Session @ \$25 per person: Yes ☐ No ☐

If yes, how many? _____

Banquet and Awards: Tuesday Evening, September 21st, Williamsburg Lodge

I will attend: Yes ☐ No ☐

Guest(s) will attend Banquet: \$50 per person: Yes ☐ No ☐

If yes, how many? _____

Choose a banquet entree for you and for guest(s) that will be attending.

Sirloin ☐ Chicken ☐ Salmon ☐ Vegetarian ☐ Guests: _____

T-shirt Size: small ☐ medium ☐ large ☐ x-large ☐ xx-large ☐

Additional T-shirts @\$15.00 each: How many? _____ Size(s): _____

Do you want to receive the proceeding in: Hardcopy ☐ CD ☐ Both ☐

Additional Proceedings @\$50.00 each: How many? _____

Special Needs

Please indicate if you require special accessibility or accommodations.
(vegetarian, vegan, disability accommodations, audio/visual requirements, etc.)

Security Information

US Citizen: Yes ☐ No ☐ If No, please fill in the below information.
Because this is a Sandia Laboratory organized event, DOE requires the below
information from non-United States citizens. No other action is required.

Full Name and middle initial: _____ Date of Birth _____

Place of Birth: _____ Current Citizenship: _____

Registration Fees & Payment (No Refunds)

Full Registration @ \$395 (on/before Aug 13th) per attendee \$ _____

Full Registration @ \$445 (after Aug 13th) per attendee \$ _____

Student Registration @ \$130 per attendee \$ _____

Short Course @ \$125 per attendee (with lunch) \$ _____

Meshing & Biology Workshop @ \$55 per attendee (with lunch) \$ _____

Meshing & Biology Workshop – Student Registration (before Aug 13)

@ \$25 per attendee (with lunch) \$ _____

Meshing & Biology Workshop – Student Registration (After Aug 13)

@ \$55 per attendee (with lunch) \$ _____

Guest(s) attending Poster Session @ \$25 per person \$ _____
(12 and under ½ price, toddlers and infants free)

Guest(s) attending Banquet @ \$50 per person \$ _____
(12 and under ½ price, toddlers and infants free)

Additional T-shirts @ \$15 each \$ _____

Additional Proceedings @\$50 each \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Payment (check one): Visa ☐ MasterCard ☐ AmEx ☐ Check/Money Order ☐

Card Number: _____ Expires: _____

Card Verification Value – located on the back of the card (choose One):
Value # (3/4 digit number) _____ Unreadable ☐ Not Present ☐

Cardholder's Name: _____ Signature: _____

Make checks/money orders payable to: Sandia National Laboratories

Send this form with payment to:

Sandia National Laboratories

Attn: Lydia Koch

P.O. Box 5800, MS-0376

Albuquerque, NM 87185-0376 (or fax to Lydia Koch at 505-284-0140)

For questions contact: Lydia Koch at 505-284-1783; email: lkoch@sandia.gov